

Issue Classification

(Assistant Examiner) _____ (Date) _____

Total Claims Allowed: 4

O.G.
Print Claim(s)

O.G.
Print Fig.

11

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA			<input type="checkbox"/> T.D.			<input type="checkbox"/> R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original	
	1			31			61			121			151			181	
1	2			32			62			122			152			182	
2	3			33			63			123			153			183	
	4			34			64			124			154			184	
3	5			35			65			125			155			185	
4	6			36			66			126			156			186	
	7			37			67			127			157			187	
	8			38			68			128			158			188	
	9			39			69			129			159			189	
	10			40			70			130			160			190	
	11			41			71			131			161			191	
	12			42			72			132			162			192	
	13			43			73			133			163			193	
	14			44			74			134			164			194	
	15			45			75			135			165			195	
	16			46			76			136			166			196	
	17			47			77			137			167			197	
	18			48			78			138			168			198	
	19			49			79			139			169			199	
	20			50			80			140			170			200	
	21			51			81			141			171			201	
	22			52			82			142			172			202	
	23			53			83			143			173			203	
	24			54			84			144			174			204	
	25			55			85			145			175			205	
	26			56			86			146			176			206	
	27			57			87			147			177			207	
	28			58			88			148			178			208	
	29			59			89			149			179			209	
	30			60			90			150			180			210	